| 2160 ⁻ 9880 | 19708 6 | | State of | | _{braska} gator's | Мо | tor | Vel | hicl | e A | ccid | ler | nt Re | port | ; | Shee | et1 | of _ | 2 |
|---------------------------|---|---|---|-----------------------|------------------------------|-----------|----------|------------------------|------------------|------------------------|----------------------|--------------|------------------------------|------------------------------|---------------------------|------------------------|----------------|-------------------|-------------------|
| 2 | Total Nu | | Local No./ District 108 Agency Case No B6-042506 | | | | | | | | | HIT & RUN | | INVESTIGATION MADE AT SCENE? | | | | | |
| A/1 | of Vehi | | M / D D / Y Y Y | | | | | | | | X YES |) | X YES NO STATE USE ONLY | | | 1 | | | |
| 10 A/2 | OF ACCIDENT | 05/1 | 5/2016 S M T W TH F S TIME OF ACCIDENT Amended | | | | | | | | | | | | | | | | |
| | PLACE OF | COUNTY | Lancaster POLICE NOTIFIED | | | | | | | | IED | 1806 | 05/16 | 05/16/2016 | | | | | |
| В | ACCIDENT | CITY | Lincoln | | | | | | | P | | | PRIVATE PROPERT | PRIVATE YES NO PROPERTY? | | | LATITUDE | | |
| С | ROAD O | N WHICH | HICH STREET/ HIGHWAY NO. S 39th St./Spruce St. | | | | | | | ONE-WAY YES NO STREET? | | | | | | | | | |
| 8 | DISTANCE | | N S E W OF MILEPOST | | | | | EPOST | HIGHWAY NO. | | | | | LONGITUDE | | | | | |
| D | | IF AT INTERSECTION | | | | | | | | OT AT IN | | | | | PRIDCE DAIL DOAD CDOCCING | | | | |
| 1 | | | | | | | ○FE | EI C | MILES | N S | Е | W OF N | EAREST STREE | I, BRIDGE | BRIDGE, RAILROAD CROSSING | | | | |
| V1/M 01 | 3 3911 3 | S 39th St./Spruce St. IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | | | | | - | | | | | | | | |
| V2/M | MILES | | N : | S E | W AND MILES | | | | S E | w o | NEAREST TY OR TOV | Г | | | | | | | |
| 20 | R. work | R1 | R2 R3 | R4 | S PEDES | TDIAN | S1 | S2 | S3 | S4 S | 5-a S5-b | S6-a | a S6-b | DOES ACCIDE | | | | | - |
| E . | ZONE CODES | ZONE A CLASSIFICATION | | | | | | | | | | | STATE DEPT. | | OF ROADS' PROPERTY? | | | | |
| 1 | | | | | | | | VE | HICLE | NO. 1 | | | | | 2 V | INO | | | 1 |
| F | DRIVER LICENSE | | NO. LE | GAL | LY PARK | ED | | | | | | | | STATE (Of License) | | SI | | FEMALE MALE | |
| 9 V1/N | DRIVER | | ARKED | ` | | | | | | | PHONE | | | (Of Electise) | LOCAL NO |). O. | | / IVIALE | 1 |
| 1 | DRIVER ADDRI | | ARNEL | , | | CITY, | STATE, 2 | ZIP | | | | | | DATE OF | | | | | V1/1 |
| V2/N 1 | OWNER | BIRTH (MM / DD / YYYY) WNER PHONE LOCAL NO. | | | | | | | | | | | 18 | | | | | | |
| G G | RANDY OWNER ADDR | RANDY L KNUDSON 4024169861 07-05-1953 | | | | | | | | | | V1/2 | | | | | | | |
| 2 | _ | | th St., E | Benne | et, NE 68 | | SIAIE, | ZIP | | | | | CITATION PENDI | NG YES | CHAHON | NO. | | | V1/3 |
| н_ | LICENSE PLATE | LICENSE TE NO. SCH517 | | | | | | | | | | (Pla | YEAR ate Expires) | | | STATE (Of Plate) NE | | | |
| 5 | VEHICLE | | YEAR 2008 | | Chevrole | | MODEL | rado | K15(| BODY S | | ·k | brown | I | STIMATED I | | | | V1/4 |
| V1/O 1 | VEHICLE ID | INSURANCE COMPANY | | | | | | | y | | | | V1/5 | | | | | | |
| V2/O | TOWED TO | ite. (viiv) | | | | | | | | | POLICY NO | | | | | 18 | | | |
| 5 | | | | | | | | VF | HICL F | NO. 2 | | | AU32 | 26921 | | | | | V1/6 25 |
| 7 | DRIVER | | NO UN | IKNO | WN | | | V.L. | IIIOLL | 110. 2 | | | | STATE | | SI | - x | FEMALE | |
| V1/P | DRIVER NO. UNKNOWN DRIVER DRIVER | | | | | | | PHONE PHONE | | | | (Of License) | LOCAL NO. | | | | 1 | | |
| 7 | UNKNOWN DRIVER ADDRESS CITY, STATE, ZIP DATE OF | | | | | | | | | | V2/1 19 | | | | | | | | |
| V2/P | OWNER | | | | | | | | | | PHONE | : | | BIRTH (MM / DD / YYYY | LOCAL NO | 0 | | | V2/2 |
| 8 J | OWNER UNKNOWN | | | | | | | | | | | CITATION NO. | | | | | | | |
| 12 | OWNER ADDRESS CITY, STATE, ZIP | | | | | ZIP | | CITATION (X) PENDING (| | | | YES NG NO | -0 | | | V2/3 | | | |
| V1/Q | LICENSE PLATE | | NO. UN | IKNO\ | WN | | | | | | | (Pla | YEAR ate Expires) | | | STA (Of P | | | V2/4 |
| 3 V2/Q | VEHICLE | YEAR | | | | | | | BODY STYLE COLOR | | | | ESTIMATED DAMAGE TOTALED \$ | | | 10/5 | | | |
| 4 | VEHICLE ID | | | | | | | INSURA | | | | INSURANC | URANCE COMPANY | | | | | V2/5 19 | |
| К | NO. (VIN) TOWED TO | | TOWED BY | | | | | | POLICY NO. | | | |). | | | | | V2/6 | |
| 03 | | C | lata th | : | ation for | - all :- | :a | l 10 0 11 | | | | | | | 1 | 2 | 3 | 4 5 | 25 |
| | | (Com | iplete tri | ntinuatio | ection for | nore than | three w | ere injui | red) | | | | | OF BIRTH DD / YYYY) | Seat Position | Eject | Body Region | | SEX |
| VEH. # | NAME | | | | AD | DRESS | | | | | | | | | | | | | |
| | LOCAL NO. MEDICAL FACILITY NAME | | | | | | | EMS SERVICE NAME | | | | | EMS RU | EMS RUN REPORT NO. | | | I | | |
| VEH. # | # NAME ADDRESS | | | | | | | | | | | | | | | | | | |
| | LOCAL NO. | | MEDICAL FACILITY NAME | | | | | | EMS SERVICE NAME | | | | EMS RU | N RED | ORT NO | | | | |
| | | | | . WILLIII | | | | | | DE INF | | | | | | IXEPY | 110. | | |
| VEH. # | NAME | | | | AD | DRESS | | | | | | | | | | | | | |
| | LOCAL NO. | | MEDICAL F | MEDICAL FACILITY NAME | | | | | | | EMS SERVICE NAME | | | | EMS RUN REPORT NO. | | | | |

| THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS | | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------|---|--|---------------------------------------|--|--|--|--|--|
| | | THE FOLLOWING | | DN IS REQUIRED I | GENCY CASE NO. | | | | | | |
| |) | | | | | B6-042506 | | | | | |
| Indicate North by Arrov | • | | | | | | | | | | |
| | · (| N | | | | | | | | | |
| | | | | | | | | | | | |
| | . 17'08 S of N Width of S | / Edge of S 39th St. Edge of Spruce St. pruce St.: 25'06 | | | | | | | | | |
| | | S 39th St.: 25' nicle #1: 22-31" AGL | | | | | | | | | |
| | -ALL MEASUREMEN | NTS ARE APPROXIMATE | | 1 | L | | | | | | |
| · | -NOT | TO SCALE | | | S 39th St. | | | | | | |
| | | | | | | | | | | | |
| | | | Spruc | e St. | | v Vehicle #2 collided into Vehicle #1 | | | | | |
| | | | | , | b'0 ₁ | | | | | | |
| | | | | V1 | | | | | | | |
| | | DESCRIPT | ION OF ACCIDENT | Γ BASED ON OFFICER'S | SINVESTIGATION | | | | | | |
| Chevrole | ete Silverado K150 | Ryan has insurance on the 00 truck with NE Plates 'SCh accident. Photos and mea | H 517'. This truck | is registered to Ryan's fa | ather-in-law, Randy Knu | | | | | | |
| OBJECT D | PAMAGED 2012 TL Coa | OWNER NAME Ryan P Laursen (05-08 | ADDRESS 3-1978) 3901 Spi | ruce St., Lincoln, NE | PHONE 68516 6125543 | 198 | 8 APPROX. COST OF DAMAGE. \$ 600 | | | | |
| OBJECT D | DAMAGED | OWNER NAME | ADDRESS | 3 | PHONE | APPROX. COST O | | | | | |
| SENAME | | | ADDRESS | 5 | PHO | NE | | | | | |
| NAME NAME | | | ADDRESS | S | | PHO | NE | | | | |
| | CLE MOVEMENT ORE COLLISION | POINT OF IMP MOST DAMAG | | AIRBAG DEPLOYED VEHICLE 1 | RESTRAINT USE VEHICLE 1 | TOTAL | VEH 0 VEH 0 | | | | |
| VEH NO. N S E | ROAD OR HIGHWAY NAMI | (Enter numbers for | | | | ALCOHO | L Driver Driver Pedes- | | | | |
| 1 > | Spruce St. | VEHICLE 1 | VEHICLE 2 | | | ALCOHOL | No. 1 No. 2 trian | | | | |
| 2 | | IMPACT 12 | POINT OF IMPACT | Deployed - front Deployed - side | 1 None used - vehicle occi 2 Lap & shoulder belt use | d - | N X N X N | | | | |
| 1 10 | 06 Turning left 07 Making U-tu | 1 .55. | MOST DAMAGED AREA | Deployed - side Deployed - both front/side Not deployed | 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used | ALCO | Driver Driver | | | | |
| 2 | 08 Entering traffic lane | 00 None 02 | 03 04 | 5 Not applicable/ No airbag available 6 Unknown | 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used | l DDI | GS 1 5 | | | | |
| 01 Essentially straight al | head traffic lane | 09 Top & windows 10 Undercarriage 01 - | 7 05 | VEHICLE 2 | 9 Restraint use unknown VEHICLE 2 | I . | alcohol nor drugs suspected | | | | |
| 04 Overtaking Passing | 12 Other | 11 Total (all areas) | 07 06 | - | - | 3 Yes - dr | cohol suspected ugs suspected cohol & drugs suspected n | | | | |
| 05 Turning rigority OFFICER NO. 1702 | | TROOP/ TEAM/ BEAT 5 | DEPARTM | ILLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL | | Photographs X YES taken? NO | | | | | |
| | DR NAME (Print or Type |) | Approved by | ATURE y Officer Scott Jare | DATE OF REPORT | | | | | | |